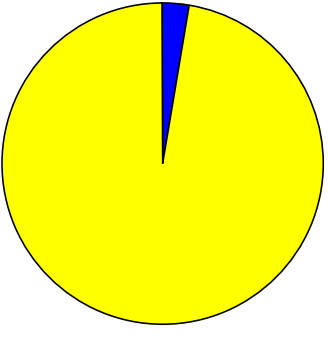


Department of Family Services

67-14-Child Protective Services

Fund/Agency: 001/67		Department of Family Services
Personnel Services	\$3,796,814	<p style="text-align: center;">CAPS Percentage of Agency Total</p>  <p style="text-align: center;">2.9%</p> <p style="text-align: center;">97.1%</p> <p style="text-align: center;"> ■ Child Protective Services ■ All Other Agency CAPS </p>
Operating Expenses	\$995,882	
Recovered Costs	\$0	
Capital Equipment	\$0	
Total CAPS Cost:	\$4,792,696	
Federal Revenue	\$2,144,829	
State Revenue	\$15,416	
User Fee Revenue	\$0	
Other Revenue	\$113,104	
Total Revenue:	\$2,273,349	
Net CAPS Cost:	\$2,519,347	
Positions/SYE involved in the delivery of this CAPS	76/76	

► CAPS Summary

Mandated by Federal and State legislation, the Child Protective Services (CPS) program is designed to protect children from abuse, neglect and exploitation. Additionally, CPS social workers provide interventions to families, such as counseling and referrals to parenting programs, child care and other supports to enable the child to remain safely in his or her own home whenever possible.

Recent CPS initiatives include the blending of investigation and ongoing functions within units and the regionalization of CPS services. Community based partnerships are being initiated and resources reshaped to place more emphasis on prevention and early intervention. A key factor in developing these community partnerships involves establishing new relationships with parents and families, recognizing their strengths and support networks and adapting services based on the cultural and ethnic background of families.

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Regional trend analysis is being conducted to design services that meet the specific needs of at-risk families in their communities. CPS is joining with other programs, community agencies and resources to do joint planning, develop accountability mechanisms, and identify critical family and community outcomes.

Hotline:

Hotline social workers receive reports of alleged abuse and neglect over the phone, in person, or at meetings with other County agencies. Hotline staff request specific information about alleged abuse or neglect, assess this information, and determine whether the situation meets certain criteria for CPS intervention. If the information meets the State definition of abuse or neglect, the case is assigned to a CPS social work investigator.

If the information does not meet the above criteria, the social worker refers the reporter to the appropriate agency or private organization, or provides the requested information or short-term counseling.

The CPS hotline receives calls from 8:00 a.m. until 5:00 p.m. From 5:00 p.m. to 8:00 a.m., calls are automatically forwarded to the State hotline in Richmond, which then immediately contacts a Fairfax County after-hours social worker who screens and investigates the report as appropriate, making necessary recommendations and referrals.

Intake:

CPS social work investigators are responsible for investigating allegations of child abuse and neglect and providing needed short-term services. They visit the site where the alleged abuse has occurred, interview the alleged victim and alleged perpetrator and other relevant witnesses, assess the situation, determine the needs of the family, make an administrative finding as to whether abuse or neglect occurred, and provide the appropriate services.

Services include seeking court intervention to remove the children from the home, ordering the abuser out of the home, ordering therapy or other needed services; providing short-term counseling, crisis intervention or parenting education; purchasing services such as day care or respite care; or referring the family to other agencies or resources.

Intake cases are investigated 24 hours a day, 7 days a week.

Ongoing treatment:

Ongoing CPS social workers are responsible for providing long-term services in serious situations in which the child remains in the home. During the period July 2000 through May 2001, 89 percent of these involve court-ordered monitoring of families experiencing serious child abuse, neglect, or sexual abuse.

Social workers meet with children and families on a regular basis, which is correlated to level of risk, develop a plan as to the services needed and provide these services. Services include intensive in-home services; therapeutic case management; continual assessments of risk and safety for the child; monitoring of court orders; purchase of services and, if the situation deteriorates, pursuit of further court action to remove the child, order the abuser out of the home or amend the court order.

Ongoing services are routinely provided from 8:00 a.m. until 9:30 p.m., but emergency services are available 24 hours a day.

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After-hours:

CPS social workers respond to client emergencies after regular business hours assessing each situation, determining whether it needs immediate attention, and providing any service needed immediately. Any situation not requiring immediate intervention is then referred to the appropriate service area for follow-up during regular business hours.

After-hours social workers provide services from 4:30 p.m. to 8:00 a.m., Monday through Thursday and from 4:30 p.m. Friday to 8:00 a.m. Monday.

Community Education:

The majority of the training and public speaking is provided in response to requests from the community. However, CPS staff has initiated training in regions where problems in reporting existed or where cases were known to the community and the potential for problems or concerns existed as a result.

Public speaking and training is provided 7 days a week, during workday and evening hours.

- **Differential Response System**

The 2000 General Assembly directed the Virginia Department of Social Services to implement by July 2003 a Statewide Child Protective Services Differential Response system for responding to reports of child abuse and neglect in all local departments of social services. The legislative mandate was based on the outcome of a three-year pilot of the Differential Response System in five local departments of social services.

This system offers communities less intrusive and more prevention-oriented supports to families at risk of abuse and neglect than those defined by current law. The State Department of Social Services is planning implementation for our region in January 2002.

In preparation for the implementation of the differential response system, all CPS units, with the exception of the Hotline, After Hours and Sexual Abuse Units, have been regionalized and functions blended to include investigations and ongoing treatment. Staff has increased its collaboration with specific communities through the building of partnerships and involvement in community initiatives.

Efforts within the Children, Youth and Family Division to develop a more strength-based, community-focused service delivery system have laid the foundation for the development of a Differential Response System in Fairfax County. This new system clarifies the scope and nature of CPS within the broader, coordinated child welfare system. It reflects current trends in child welfare policy and best practice by focusing on family strengths; is driven by each family's unique needs; and offers culturally sensitive supports for families within their community. The system affords a more flexible approach to families by providing an opportunity for supportive and less intrusive intervention.

- **Hotline Automated Call Distribution (ACD) System**

In December 2000, the Hotline installed an automated call distribution statistical collection system (ACD). This system counts the number of phone calls received and made daily by the CPS Hotline between 8:00 AM and 5:00 PM, and measures the average time worked by social workers at each of the five Hotline numbers.

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The benefits of this system include increased efficiency and accuracy. Staff has more time to spend on telephone calls because calls not related to reports of child abuse and neglect are forwarded to another CPS phone line. In the first six months of 2001, 7,386 calls were routed away from Hotline social workers to other agency staff. CPS Hotline staff is able to devote their time to obtaining and documenting reports of abuse and neglect more accurately. Data obtained from this system will allow us to better adapt our staffing responses to the needs of the callers.

- **Community Education and Linkages**

Role of the CPS Hotline in Community Education—In 2000, the CPS Hotline staff facilitated a variety of outreach and community awareness initiatives. These included: public education to 45 separate groups including 1,072 individuals, physicians, dentists, public health nurses, community centers, private and public school personnel, parent-teacher associations, church groups, private non-profit organizations, high school peer groups, police and fire department personnel and County recreation staff. Information was shared about the role of the CPS social worker, the community's role in reporting suspected abuse, and child supervision guidelines.

Translation and Distribution of Publications — Two publications, *The Child Supervision Guidelines* and *Guidelines for Choosing a Babysitter* have been translated in Spanish, Farsi, Korean and Vietnamese. During 2000, DFS mailed out over 2,500 copies of the child supervision guidelines and over 5,000 babysitter guidelines to individuals and organizations requesting this information.

In addition, the booklet *Understanding the Sexual Behaviors of Young Children: A Guide for Parents & Professionals Working with Young Children* recently was translated into Spanish. Developed by CPS social workers, child development specialists, including representatives from the Fairfax-Falls Church Community Services Board (Mental Health and Mental Retardation Services), Public Schools, the Health Department and the Police Department, this booklet was designed to help readers understand and recognize what are considered normal sexual behaviors in young children.

- **Coordinated Responses for Reporting Substance-Exposed Newborns to CPS**

Since July 1998, a provision in the Virginia Code has required physicians to report the birth of substance-exposed infants to CPS. The CPS program developed a brochure educating physicians about the new law and its goal of assisting mothers who are abusing substances to receive assistance and to help their children lead healthy lives. An integrated reporting/response protocol developed by CPS and the Fairfax-Falls Church Community Services Board Alcohol and Drug Services (ADS) has proven beneficial to hospital discharge plans for infants who test positive for controlled substances. During 2000, CPS was notified of eight infants born substance-exposed and coordinated with Alcohol and Drug Services counselors to provide services to the mothers.

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- **Sexual Abuse Initiatives**

The blending of the sexual abuse functions into one unit has contributed to practice changes that standardize the management of ongoing sexual abuse cases. This includes:

- requiring all sex offender evaluations be completed by a certified Sex Offender Treatment professional;
- group treatment for all sex offenders;
- sexual abuse education for all family members;
- court intervention as an essential part of the treatment plan;
- teaming with law enforcement, adult and juvenile probation and treatment providers for the victim(s), sibling(s), non-offending family members and offenders;
- development of an education program and use of written contracts for the supervision of children visiting offenders; and
- the evaluation of current risk assessment tools specific to sexual abuse.

Child Protective Services, in collaboration with Foster Care and Adoption and Family & Child staff, is consulting with a sexual abuse expert to identify best practices for intervention in families where sexual abuse has occurred. During the past year, CPS child sexual abuse staff has identified gaps in services and identified providers to fill these gaps. Local providers now offer community-based groups for Spanish-speaking, non-offending mothers and for sex offenders.

► **Method of Service Provision**

Child Protective Services staff are available to the community 24 hours a day, 7 days a week to provide crisis intervention services, ongoing treatment, and community education for Fairfax County citizens and programs. These services are available for investigating allegations of child physical abuse and neglect, sexual abuse, and for services to be rendered in confirmed cases. The County Hotline receives calls, and staff spend time with callers gathering information on the allegations, and if not accepted as a case, callers are provided with necessary information on services available to them to assist in reconciling their concerns. After this initial contact, the case is assigned, if appropriate, and staff provide ongoing treatment services to families.

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► Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate*	FY 2002 Estimate
Percent of calls to the child abuse hotline receiving a direct social worker response.	84%	86%	90%	87%	87%
Percent of investigations where there is meaningful contact with the victim within 24 hours.	57%	65%	74%	65%	65%
Telephone calls to the CPS hotline**	26,245	16,836	16,326	24,001	16,500
Investigations Per Year	2,777	2,797	2,521	2,427	2,200
Average number of families receiving ongoing treatment services each month	266	289	289	280	280
Number of children entering foster care through Fairfax County Child Protective Services	151	187	172	160	152

* Data shown is FY 2001 actual.

** Figures from 1998 reflect the number of calls to and from the CPS Hotline. Figures from later years reflect calls to the Hotline only.

► Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia 63.1-248. Virginia Administrative Code 40-730-10. Virginia Department of Social Services Section III, Chapter A. These statutes are enacted to protect children from abuse, neglect and exploitation.